



VIC FIRTH

Non-Retail Clinic Support Request

Complete all fields. Once submitted, an Artist Relations team member will be in touch.

Your Email:*

For Which Brand are You Requesting Support? (check all that apply)*

- ☐ Zildjian
- ☐ Vic Firth
- ☐ Balter Mallets

Artist Clinician Name:*

Artist Clinician Email Address:*

Percussion Genre Type:**Event Name:*****Event Date:*****Event Venue / Location:*****Event Type:***

- ☐ Clinic
- ☐ Masterclass
- ☐ Other (ie: Day of Percussion)

Clinic Description:*

Please explain in detail the subject of your clinic / masterclass.

Please List Which of our Products will be Used During the Presentation:*

For example, VF John Mapes Tenor Sticks

Is this Event Open to the Public?*

☐ Yes

☐ No

If yes, how will it be promoted?***Expected Number of Percussionists in Attendance:*****Host Name:*****Host Position:***

Host Email:*

Host Phone Number:*

School / Business Name: (Note, if you are a dealer, please see your Company Rep to submit a request for support.)*

Complete Shipping Address:*

No PO Boxes Please

Date Range Clinic Material Can be Received at the Above Address:*

My Request is For:*

Check all that apply

- ☐ Financial Support
- ☐ Promotional Material

Host Contribution:***Other Confirmed Financial Contributions, and by Whom:*****Today's Date**

The Avedis Zildjian Co. is committed to protecting and respecting your privacy, and we'll only use your personal information to administer your account and to provide the products and services you requested from us.

☐ I agree to receive communications from Zildjian/Vic Firth/Mike Balter.

By clicking submit below, you consent to allow The Avedis Zildjian Co. to store and process the personal information submitted above to provide you the content requested.

Submit